Palliative Care or Hospice?

The Right Service at The Right Time for Seriously Ill Individuals

Question	Palliative Care	Hospice
What is the focus?	Palliative care is not hospice care: it does not replace the patient's primary treatment; palliative care works together with the primary treatment being received. It focuses on the pain, symptoms and stress of serious illness most often as an adjunct to curative or disease-modifying care modalities. It is not time limited, allowing individuals who are 'upstream' of a 6-month or less terminal prognosis to receive services aligned with palliative care principles. Additionally, individuals who qualify for hospice service, and who are not emotionally ready to elect hospice care could benefit from these services.	Hospice care focuses on the pain, symptoms, and stress of serious illness during the terminal phase. The terminal phase is defined by Medicare as an individual with a life expectancy of 6-months or less if the disease runs its natural course. This care is provided by an interdisciplinary team who provides care encompassing the individual patient and their family's holistic needs.
Who can receive this type of care?	Any individual with a serious illness, regardless of age, life expectancy or prognosis.	Any individual with a serious illness measured in months not years. Hospice enrollment requires the individual has a terminal prognosis.
Can the patient continue to receive curative or disease-modifying treatments?	Yes, individuals receiving palliative care are often still pursuing curative or disease-modifying treatment modalities. Palliative care is not limited to the hospice benefit. However, there may be limitations based on the insurance provider.	The goal of hospice is to provide comfort through pain and symptom management, psychosocial and spiritual support because curative treatment modalities are no longer beneficial. Hospice should be considered at the point when the burden of any given curative treatment modalities outweighs the benefit coupled with prognosis. Other factors to consider and discuss, based on individual patient situations, are treatment modalities that no longer provide benefit due to a loss of efficacy.
What services are provided	Pain and other symptom management (including those causing psychosocial or spiritual/existential distress), in-person and/or telephonic visits, help navigating treatment options, advance care planning and referrals to community resources.	Pain and symptom management, 24-hour on-call service, in-person visits, medical equipment, related medications, inpatient care, continuous care in the home, respite care, volunteer services, spiritual care, bereavement and counseling services. There are four levels of care that can be provided to patients per CMS regulations (routine, inpatient, continuous, and respite care).

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Where are services provided?	**Palliative care may be provided in any care setting.** ▮ Home ▮ Hospice facility ▮ Skilled Nursing Facility ▮ Long-term Care Facility ▮ Long Term Acute Care Facility ▮ Assisted Living Facility ▮ Hospital ▮ Group Home ▮ Clinics	**Hospice care can be provided in most care settings.** ▮ Home ▮ Hospice facility ▮ Skilled Nursing Facility ▮ Long-term Care Facility ▮ Assisted Living Facility ▮ Hospital (inpatient levels of care only) ▮ Group Home
Who provides these services?	Palliative care may be provided by an interdisciplinary team. However, most palliative services are provided by a physician, nurse practitioner or nurse with consultative support from social worker and chaplaincy services. These services are performed in collaboration with the primary care physician and specialists through consultative services or co-management of the patient's disease process.	Hospice care is provided by an interdisciplinary team that is led by a physician and includes nurses, social workers, chaplains, volunteers, hospice aides, therapy disciplines and others. These services are performed in collaboration with the attending physician.
What types of health care organizations may provide these services?	Palliative care is not dependent on care setting or type of medical practice. Services are performed in collaboration with the patient's primary care physician, other specialists, and health care settings they may be receiving services from. ▮ Palliative Care Practices ▮ Licensed Home Health Agencies ▮ Licensed Hospice Agencies ▮ Nursing Facilities I Healthcare Clinics I ▮ Hospitals	**Hospice organizations** ▮ State licensed and/or Medicare-certified Hospice providers ▮ Non-Medicare certified Hospice providers ▮ Veteran Affairs Hospice
How long can an individual receive services?	Palliative care is not time-limited. How long an individual can receive care will depend upon their care needs, and the coverage they have through Medicare, Medicaid, or private insurance. Most individuals receive palliative care on an intermittent basis that increased over time as their disease progresses.	As long as the individual patient meets Medicare, Medicaid, or their private insurer's criteria for hospice care. Again, this is measured in months, not years.

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Payment		
Does Medicare pay?	Palliative care is covered through Medicare Part B. Some treatments and medications may not be covered. May be subject to a co-pay according to the plan.	The Medicare Hospice Benefit pays all related costs associated with the care that is related to the terminal prognosis as directed by CMS. There may be some medications, services, and/or equipment that are not included in the Medicare Hospice Benefit.
Does Medicaid pay?	Palliative care is covered through Medicaid. Some treatments and medications may not be covered. May be subject to a co-pay according to the plan.	In most states Medicaid pays all related costs associated with the care related to the terminal prognosis as directed by CMS. There may be some medications, services and/or equipment that are not included in the Medicaid Hospice Benefit.
Does private insurance pay?	Most private insurers include palliative care as a covered service. Each payer is different, and their palliative services will be outlined through the insurer's member benefits. Some treatments and medications may not be covered. May be subject to a co-pay according to the plan.	Most private insurers have a hospice benefit that pays all related costs associated with the care related to the terminal prognosis. There may be some medications, services and/or equipment that are not included in the individual's policy. May be subject to a co-pay according to the plan.
When should I refer?	Patients with serious or advanced chronic illness who have burdensome symptoms or their caregivers are distressed; the patient may have received maximum medical therapy and are at risk of using the hospital for decompensation.	If you would not be surprised if this patient died within the next 12 months, they are likely appropriate for hospice. Patients that have received maximum therapy and focus has shifted to symptom management and comfort care.

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